

SECTION 7 - UPDATED WORK INFORMATION

If you are under age 14, skip to SECTION 10 - REMARKS.

If you are age 14 or older, complete SECTION 7.A., and as appropriate, B., C., and D. only. Then skip to SECTION 10 - REMARKS.

If you are age 16 or older, complete all of SECTION 7.

7.A. ARE YOU WORKING NOW?

- ☐ Full-time (Skip to Question 7.D.)
- ☐ Part-time (Skip to Question 7.D.)
- ☐ Not working now (Continue to Question 7.B.)

7.B. If you are not working now, did you work since the date of your last medical disability decision (see date on top right side of Page 1).

- ☐ YES (Go to Question 7.C.)
- ☐ NO (Skip to Question 7.E.)

7.C. If you are not working now, do you believe that your medical condition has improved?

- ☐ YES
- ☐ NO

7.D. If you have worked at any time since the date of your last medical disability decision (see date on top right side of Page 1), complete the following information for each job you have done. List the most recent job first.

		JOB 1	JOB 2	JOB 3
JOB TITLE (example: cook)				
TYPE OF BUSINESS (example: restaurant)				
JOB DESCRIPTION				
DATES WORKED (month and year)	FROM:			
	TO:			
HOURS PER DAY				
DAYS PER WEEK				
RATE OF PAY (per hour, day, week, month, or year)				
REASON YOU STOPPED WORK				

If you need more space, use SECTION 10 - REMARKS.